MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S

CLAIMS

	AS FILED		AFTER 14 AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1" AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP
1 2		7				,		51 52						
3		- D						53						-
4	-	Ø		7				54						
5		$\overline{\mathcal{O}}$						55						
6		4						56						
7		0						57						
8		Z,						58						
9		(F)						59						ļ
10		B		-4				60						<u> </u>
11		(i)		<i></i>	<u> </u>			61 62						
12 13		\$:	63		_				
14		7		-				64						
15		Ö		1	•			65						
16		7						66		<u> </u>			Ī	
17		(2)		/				67						
18		7						68						
19		0]	69						
20		Q]	70						
21		(2)		/			l	71						
22							<u> </u>	72		<u> </u>				
23		9					! `	73		<u> </u>			 	
24		0		- /-	_		ł	74					}	-
25 26		8		-/-		· · · · ·	1	75 76		 				
27		8		-/-			ł	77						
28		Ö		 		 	1	78			·			
29		Ö		7	 		1	79						
30		4)					1	80						1
31		0		7.]	81						
32		0						82						
33		Q		7]	83		<u> </u>				
34		W		<u> </u>				84						
35		0		1				85		 				
36		9		-			ł	86 87			•			
37		0		 			ł	88					-	├
38 39	-	8		-/-			ł	89		 		ļ		
40		8		1			1	90						1
41		0		1		 	1	91		1				
42		70		- 			1	92						
43		O]	93						
44		Ø)		/			1	94						<u> </u>
45				<u></u>			1	95		ļ				<u> </u>
46	<u></u>	ļ						96		1	<u></u>	ļ		ļ
47	ļ			 	<u> </u>		ł	97		-	— —			
48	ļ <u> </u>	<u> </u>		<u> </u>		 	ł	98 99		 			 	├
49 50	 			-	-		ł	100		 	1		-	1-
TOTAL	 		/				1						 	
IND. TOTAL		」 ▼	1/2	」 ▼] 🔻		TOTAL IND.		」▼		√		」 , ▼
DEP.	ofe	-	43	F		•		TOTAL DEP.		7		F		4
TOTAL CLAIMS	90		14					TOTAL CLAIMS						
	<u>'</u>				T		4			US DEPAR	RTMENT of Co	OMMERCE		